



U.S. Department of State
STATEMENT OF ENTITLEMENT TO ANNUITY SUPPLEMENT

INCOME FOR CALENDAR YEAR _____

1. I had less than _____ in earnings* during calendar year _____. Please continue my annuity supplement in its entirety during calendar year _____.

Signature

Date (mm-dd-yyyy)

2. I had earnings* in excess of _____ during calendar year _____. Please terminate my annuity supplement retroactive to January 1, _____.

Signature

Date (mm-dd-yyyy)

3. I had earnings* in excess of _____ but less than _____ during calendar year _____. Please compute how much of the annuity supplement I am due for _____ and advise me accordingly. My _____ earnings* were _____.

Signature

Date (mm-dd-yyyy)

4. I know that my earned* income for each calendar year between my date of retirement and my 62nd birthday will exceed _____. Please terminate my eligibility for annuity supplements unless I advise you otherwise.

Signature

Date (mm-dd-yyyy)

*Reflects income from _____ wages or self-employment after date of retirement on a calendar year basis. (If you reached age 55 in _____, only report your income from your 55th birthday to December 31, _____.) Income for this purpose includes earnings after your date of retirement derived from employment in the public or private sector, including WAE appointments, income from Personal Services Contracts, etc. Income for this purpose does not include salary earned before retirement, annuity benefits, social security or unearned (investment) income.

Full Name-Type/Print Clearly

Social Security Number